

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10-771542</div>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
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Total Indep	2		1				Total Indep			
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Total Claims	20		5				Total Claims			

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